

Office of Health Policy

Request for Data Analysis or Reports from Administrative Claims Data

Name : _____ **Date of Request:** _____

Organization Name: _____

Email: _____ **Phone Number:** _____

Give a brief description of your data request:

Specify the type of data (check all that apply):

- ☐ Inpatient Hospital
- ☐ Emergency Department (includes Observation Stays)
- ☐ Outpatient Encounters (includes surgery, mammograms, imaging, etc.)

If data will be run by Diagnosis or Procedure Codes(s), specify if by:

- ☐ Primary Diagnosis Only
- ☐ Any of the 25 Possible Diagnoses Codes
- ☐ Any of the Available Procedure Codes

Specify the date range requested: _____

Specify preferred method of identifying records:

- ☐ By Discharge Date (recommended)
- ☐ By Admit Date (Note: Will not include anyone still hospitalized when records are submitted.)

Specify Inpatient or Outpatient Diagnoses Codes (ICD9 for 1/1/2000 – 9/30/2015 and ICD10 10/1/2015 – Present):

Specify Inpatient Procedure Codes (ICD9 for 1/1/2000 – 9/30/2015 and ICD10 10/1/2015 – Present):

Specify Outpatient Procedure Codes (CPT codes for all time frames):

Specify how you want your data to be presented. Be specific (example: by year, by patient county, by discharge quarter, by age group [specify], by sex, etc.)

Please send this completed form to Allison Lile at Allison.lile@ky.gov.

Should you have any questions, please do not hesitate to email or call
Allison at 502-564-9592